EXHIBIT C

2 Royalties 3 Other Income CORRECTED (if checked) Rents Royaltles 3 Other Income Federal income tax withheld 6 Medical and health care Fishing boat proceeds Fishing boat proceeds 6 Medical and health care PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LA CLINICA DEL PUEBLO DE RIO ARRIBA ER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 588-7252 P.O. BOX 250 LA CLINICA DEL PUEBLO DE RIO ARRIBA TIERRA AMARILLA NM 87575 P.O. BOX 250 (575) 588-7252 TIERRA AMARILLA NM 87575 RECIPIENT'S TIN Account number (see instructions) FATCA filing requirement PAYER'S TIN RECIPIENT'S TIN 85-0209845 ***_**_ Account number (see instructions) FATCA filing requirement 85-0209845 ***_**_ MARGO BRACE ECIPIENTS name, street address (including apt. no.), city or town, state or pro MARGO BRACE 6 EQUESTRIAN COURT 6 EQUESTRIAN COURT TIJERAS NM 87059 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale TIJERAS NM 87059 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest Nonemployee compensation 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale 24467.63 8 Substitute payments in lieu of dividends or interest 10 Crop insurance proceeds 24467.63 \$ 0 Crop insurance proceeds 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 15a Section 409A deferrals 5b Section 409A income \$ 15a Section 409A deferrals 15b Section 409A income 17 State/Payer's stat 16 State tax withheld 8 State income 16. State fay withheld 17 State/Payer's state no. 18 State Income 2019 Form 1099-MISC CORRECTED (if checked) 2019 Form 1099-MISC To be filed with recipient's federal income tax return, when required, CORRECTED (If checked) CORRECTED (if checked) Rents 2 Rovatties 3 Other income 1 Rents 2 Royalties 3 Other income 4 Federal income tax withheld Fishing boat proceeds Medical and health care 5 Fishing boat proceeds 6 Medical and health care PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LA CLINICA DEL PUEBLO DE RIO ARRIBA LA CLINICA DEL PUEBLO DE RIO ARRIBA P.O. BOX 250 P.O. BOX 250 TIERRA AMARILLA MM 87575 TIERRA AMARILLA NM 87575 (575) 588-7252 (575) 588-7252 PAYER'S TIN RECIPIENTS TIN FATCA filling requirement Account number (see instructions) RECIPIENTS TIN Account number see instructions FATCA filing requirement 85-0209845 ***-**-85-0209845 ***-**-. no.), city or town, state or province, country, and ZIP or fereign postel code RECIPIENTS name shoot advisors pl. no.), city or town, state or province, country, and ZIP or foreign pos MARGO BRACE MARGO BRACE 6 EQUESTRIAN COURT 6 EQUESTRIAN COURT TIJERAS 87059 ΝM TIJERAS NM 87059 8 Substitute payments in lieu of dividends or interest Nonemployee compensation 9 Payer made direct sales of \$5,000 or more of consumer 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale 24467.63 products to a buyer (recipient) for resale 24467.63 10 Crop insurance proceeds 10 Crop insurance proceeds 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney 13 Excess golden parachute peyments 14 Gross proceeds paid to an attorney 15a Section 409A deferrals 15b Section 409A income 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 7 State/Payer's state no. 18 State income 16 State tax withheld 7 State/Paver's state no. 18 State income

Copy B For Recipient

2019 Form 1099-MISC

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Copy 2 To be filed with recipient's state income tax return, when required.

Case 1:23-cv-00270-KG-GBW Document 11-3 Filed 07/05/23 Page 2 of 2